Fill in this inf	ormation to id	dentify your case	and this filing:		
Debtor 1	Alemenh	Habite	Giorgis	_	
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Ba	nkruptov Court for	the: WESTERN DIS	STRICT OF TEYAS		
		ule. WESTERN DIC	TRIOT OF TEXAS	_	
Case number (if known)	<u>19-10142</u>			_	k if this is an nded filing
				amer	ided filling
Official Form	106A/B				
Schedule A		,			12/15
	b. Property	<i>y</i>			12/13
Part 1: De	scribe Each R	esidence, Buildir	ng, Land, or Other Rea	al Estate You Own or Hav	ve an Interest In
☐ No. Go t			in any residence, building	, land, or similar property?	
1.1.		What is th	ne property?	Do not deduct secured cl	aims or exemptions. Put the
803 CLarence B	ohls Lane	Check all	that apply. e-family home	amount of any secured claim Creditors Who Have Claim	
LOT 8 BLK B PA	ARKCREST	Duple	x or multi-unit building pminium or cooperative	Current value of the entire property?	Current value of the portion you own?
Travis		Manu	factured or mobile home	\$274,777.00	\$274,777.00
<b>Travis</b> County		Land Invest Times Other		Describe the nature of y interest (such as fee sir entireties, or a life estat	nple, tenancy by the
		Who has	an interest in the property?	fee simple	
		Check one			
		☑ Debto		Check if this is com (see instructions)	munity property
			r 2 only r 1 and Debtor 2 only	(500 1131140110113)	
			st one of the debtors and and	other	
		Other info	ormation you wish to add a	bout this item, such as local	

property identification number:

Debtor 1 Alemei	nh Habite Giorgis	Ca	se number (if known) 19-1	0142	
1.2. 20585 Cameron R Texas 78615	oad, Pflugerville,	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the	ims on Schedule D:	
ABS 511 SUR 66 M 10.911	ICDOUGAL J ACR	☐ Condominium or cooperative ☐ Manufactured or mobile home ☑ Land	entire property? \$128,118.00	portion you own? \$128,118.00	
Travis County		Investment property Timeshare Other Who has an interest in the property? Check one.	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  fee simple		
		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about property identification number:		unity property	
		own for all of your entries from Part 1, incl Part 1. Write that number here		\$402,895.00	
you own that someon		e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Exe vehicles, motorcycles			
3.1. Make: Model:	Hummer H3	Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims on Schedule D:	
Year: Approximate mileage	2008	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own? \$6,300.00	
Other information: 2008 Hummer H3 miles)	(approx. 174,000	Check if this is community property (see instructions)	<del></del>	<del></del>	
3.2. Make:	Chevrolet	Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims on Schedule D:	
Model: Year: Approximate mileage	1974 148.000	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
Approximate mileage: 148,000 Other information: 1974 Chevrolet Camaro (approx. 148,000 miles)		☐ At least one of the debtors and another☐ ☐ Check if this is community property (see instructions)	\$12,100.00	\$12,100.00	

Dec	Alemen	n Habite Glorgis	Cas	se number (if known) <u>19-1</u>	0142	
3.3. Mak		Cadillac	Who has an interest in the property? Check one.	Do not deduct secured cla amount of any secured cla	ims or exemptions. Put the ims on <i>Schedule D</i>	
	Model: Escalade		Debtor 1 only	Creditors Who Have Claims Secured by Proper		
Yea		2008	Debtor 2 only	Current value of the	Current value of the	
	roximate mileage:		Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	er information:	109,000	At least one of the debtors and another	\$9,625.00	\$9,625.00	
200	er momation. 98 Cadillac Esca 9,000 miles)	lade (approx.	Check if this is community property (see instructions)			
3.4.			Who has an interest in the property?	Do not deduct secured cla	ims or exemptions. Put the	
Mak	e:	GMC	Check one.	amount of any secured cla		
Mod	del:	Sierra	Debtor 1 only	Creditors Who Have Claim  Current value of the		
Yea	r:	2000	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	Current value of the portion you own?	
App	roximate mileage:	254,000	At least one of the debtors and another		\$2,000.00	
	er information:		_	· ,		
200 mil	00 GMC Sierra (a es)	pprox. 254,000	Check if this is community property (see instructions)			
4.	•	•	Vs and other recreational vehicles, other vehonal watercraft, fishing vessels, snowmobiles, m	•		
	✓ No ☐ Yes					
5.			u own for all of your entries from Part 2, incl or Part 2. Write that number here	_	\$30,025.00	
P	art 3: Descr	ibe Your Persona	ıl and Household Items			
Do	you own or have a	any legal or equitable	interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.	
6.	_	s and furnishings appliances, furniture,	linens, china, kitchenware			
	☐ No ✓ Yes. Describ	e See continuat	ion page(s).		\$14,150.00	
7.	•		o, video, stereo, and digital equipment; comput	•		
	No ✓ Yes. Describ	e See continuat	ion page(s).		\$2,370.00	
8.		ues and figurines; pain	tings, prints, or other artwork; books, pictures, od collections; other collections, memorabilia, co	•		
	☐ No ☑ Yes. Describ	e pictures			\$300.00	
9.	Examples: Sports	·	se, and other hobby equipment; bicycles, pool try tools; musical instruments	ables, golf clubs, skis;		
	☐ No ✓ Yes. Describ	e Exercise mac	hine		\$1,200.00	

Deb	tor 1 A	lemenh Habite Giorgis		Case number (if known) _	19-10142
10.	✓ No	•	mmunition, and related equipment		
11.	Clothes	Describe			
• • • •		: Everyday clothes, furs, le	ather coats, designer wear, shoes, accessories	s	
		Describe Used men's	clothing		\$2,000.00
12.	<b>Jewelry</b> Examples	: Everyday jewelry, costum gold, silver	e jewelry, engagement rings, wedding rings, he	eirloom jewelry, watches, g	ems,
	□ No ✓ Yes.	Describe Rings \$600,	misc costume jewelry \$1500, bracelets	s \$600, rings \$400	\$3,100.00
13.	Non-farm Examples	<ul><li>animals</li><li>Dogs, cats, birds, horses</li></ul>			
	□ No ✓ Yes.	Describe <b>Dog</b>			\$0.00
14.	Any other	-	items you did not already list, including an	y health aids you	
		Give specific nation			
15.			ntries from Part 3, including any entries for		\$23,120.00
Pa	art 4:	Describe Your Finan	cial Assets		
Doy	you own o	r have any legal or equital	ole interest in any of the following?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	Cash Examples	: Money you have in your v	rallet, in your home, in a safe deposit box, and	l on hand when you file you	ır
	□ No ✓ Yes			Cash:	\$0.00
17.	<b>Deposits</b> <i>Examples</i>				
	□ No ✓ Yes		Institution name:		
	17.1.	Checking account:	Checking account RBFCU business a	ccount	\$1,200.00
	17.2.	Savings account:	Savings account RBFCU business acc	count	\$2,000.00
18.		utual funds, or publicly tr : Bond funds, investment a	aded stocks ccounts with brokerage firms, money market a	accounts	
	<b>☑</b> No				

Deb	otor 1 Alemenh Habite	e Giorgis Ca	ase number (if known)	19-10142
19.		k and interests in incorporated and unincorporated busi	inesses, including	
	No  ✓ Yes. Give specific information about	• •		
	them	Name of entity:	% of owners	hip:
		Ethio Trucking: Only asset of business is truck lunder tool of the trade.	listed100%	\$0.00
20.	Negotiable instruments inc	ate bonds and other negotiable and non-negotiable instrictude personal checks, cashiers' checks, promissory notes, are those you cannot transfer to someone by signing or d	and money orders.	
	No ☐ Yes. Give specific information about them	Issuer name:		
21.	Retirement or pension at Examples: Interests in IRA profit-sharing p	A, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or	other pension or	
	✓ No  Yes. List each account separately.	Type of account: Institution name:		
22.		epayments leposits you have made so that you may continue service of the landlords, prepaid rent, public utilities (electric, gas, wate		
	<b>☑</b> No			
22	Yes	Institution name or individual:	or for a number of veers	<b>.</b>
23.	<b>☑</b> No	a specific periodic payment of money to you, either for life of	or tor a number or years,	)
	_	Issuer name and description:		_
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 52	IRA, in an account in a qualified ABLE program, or und 9A(b), and 529(b)(1).	er a qualified state tuit	ion program.
	✓ No ☐ Yes	Institution name and description. Separately file the reco	rds of any interests. 11	U.S.C. § 521(c)
25.	Trusts, equitable or future powers exercisable for y	e interests in property (other than anything listed in line our benefit	1), and rights or	
	No Yes. Give specific information about there	n		
26.		emarks, trade secrets, and other intellectual property; n names, websites, proceeds from royalties and licensing a	greements	
	✓ No  ☐ Yes. Give specific			
	information about ther	n		
27.		d other general intangibles ts, exclusive licenses, cooperative association holdings, liqu	uor licenses, profession	al licenses
	<ul><li>✓ No</li><li>✓ Yes. Give specific information about ther</li></ul>	_		

Debt	or 1	Alemenh Habite Giorgis		Case number (if known)	19-10	142
Mon	ey or pro	operty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	ınds owed to you				
	abo	Give specific information ut them, including whether already filed the returns the tax years			State:	:
29.			mony, spousal support, child support, ma	aintenance, divorce settlement,	Local:	v settlement
	✓ No Yes	Give specific information		Alimony: Maintenand Support: Divorce se	ttlement:	
30.	Example  No		u insurance payments, disability benefits, s curity benefits; unpaid loans you made to	sick pay, vacation pay, workers		
31.	Example No Yes com	Name the insurance pany of each policy	nsurance; health savings account (HSA); mpany name:	credit, homeowner's, or renter		nce rrender or refund value:
32.	If you ar entitled		e you from someone who has died rust, expect proceeds from a life insurand someone has died	ce policy, or are currently		
33.	Example No	•	ner or not you have filed a lawsuit or m disputes, insurance claims, or rights to su	• •		
34.	rights to	Describe each claim	Claims of every nature, including cour Debtor was shot while working a phas consulted with a personal injutake his case. Debtor continues to he has a viable claim. Value curre	part time job as a valet. De ury attorney who declined o consult with attorneys to	to	\$0.00
35.	Any fina	ıncial assets you did not al	ready list			
	✓ No ☐ Yes	Give specific information				

Deb	tor 1	Alemenh Habite Giorgis Case	e number (if known) _	19-10142	!
36.		e dollar value of all of your entries from Part 4, including any entries for paged for Part 4. Write that number here	•	→	\$3,200.00
P	art 5:	Describe Any Business-Related Property You Own or Have ar	n Interest In. List	any rea	estate in Part 1.
37.	Do you	own or have any legal or equitable interest in any business-related property	y?		
		Go to Part 6. Go to line 38.			
	_			<b>por</b> Do	rent value of the tion you own? not deduct secured ms or exemptions.
38.	Accour	nts receivable or commissions you already earned			
	✓ No ☐ Yes	s. Describe			
39.		equipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax machin desks, chairs, electronic devices	nes, rugs, telephones	,	
	✓ No ☐ Yes	s. Describe			
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of your tra	ıde		
	□ No ☑ Yes	s. Describe 1992 Freightliner FLD 120 with at least 974,200 miles			\$12,000.00
41.	Invento	ry			
	✓ No ☐ Yes	s. Describe			
42.	Interest	ts in partnerships or joint ventures			
	<b>⋈</b> No				
	_	s. Describe Name of entity:	% of owners	hip:	
43.	Custon	ner lists, mailing lists, or other compilations			
	✓ No ☐ Yes	<ul> <li>Do your lists include personally identifiable information (as defined in 11 limits)</li> <li>No</li> <li>Yes. Describe</li> </ul>	U.S.C. § 101(41A))?		
44.	Any bu	siness-related property you did not already list			
	✓ No	s. Give specific information.			
45.		e dollar value of all of your entries from Part 5, including any entries for paged for Part 5. Write that number here	•	→	\$12,000.00
Pa		Describe Any Farm- and Commercial Fishing-Related Propert If you own or have an interest in farmland, list it in Part 1.	y You Own or Ha	ive an Int	erest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commercial fishi	ng-related property?	?	
	_	Go to Part 7.  Go to line 47.			

Deb	tor 1 Alemenh Habite Giorgis	Case number (if known)	19-10142
			Current value of the portion you own?  Do not deduct secured claims or exemptions.
47.	Farm animals  Examples: Livestock, poultry, farm-raised fish		·
	□ No □ Yes 5 sheep value \$150 each		\$750.00
48.	Cropseither growing or harvested		
	✓ No  Yes. Give specific information		
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of to	rade	
	□ No ☑ Yes Tractor MV		\$4,000.00
50.	Farm and fishing supplies, chemicals, and feed		
	✓ No ☐ Yes		
51.	Any farm- and commercial fishing-related property you did not already list		
	✓ No ☐ Yes. Give specific information		
52.	Add the dollar value of all of your entries from Part 6, including any entries f attached for Part 6. Write that number here		→ \$4,750.00
Pá	art 7: Describe All Property You Own or Have an Interest in Th	at You Did Not List A	bove
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership		
	✓ No  Yes. Give specific information.		
54.	Add the dollar value of all of your entries from Part 7. Write that number her	e	→ \$0.00

# Part 8: List the Totals of Each Part of this Form

55.	Part 1: Total real estate, line 2		→		\$402,895.00
56.	Part 2: Total vehicles, line 5	\$30,025.00			
57.	Part 3: Total personal and household items, line 15	\$23,120.00			
58.	Part 4: Total financial assets, line 36	\$3,200.00			
59.	Part 5: Total business-related property, line 45	\$12,000.00			
60.	Part 6: Total farm- and fishing-related property, line 52	\$4,750.00			
61.	Part 7: Total other property not listed, line 54	\$0.00			
62.	Total personal property. Add lines 56 through 61	\$73,095.00	Copy personal property total	+	\$73,095.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$475,990.00

6.	Household goods and furnishings (details):	
	Sofa \$1100, chairs \$900	\$2,000.00
	Dining table with chairs	\$1,200.00
	Curio cabinet \$400, kitchenware/dishes/linens \$500	\$900.00
	3 beds	\$3,000.00
	3 bed stands \$1500, 2 dressers \$1500	\$3,000.00
	Bookshelf \$300, 4 lamps \$400	\$700.00
	Lawn mower \$250, misc tools \$600	\$850.00
	Stove \$500, microwave \$100	\$600.00
	Refrigerator	\$1,100.00
	Dishwasher \$400, washer/dryer \$200, misc small appliances \$200	\$800.00
7.	Electronics (details):	
	TV	\$1,100.00
	Dvd player	\$150.00
	Computer \$700, printer \$120	\$820.00
	Video game system	\$300.00

Debtor 1	Alemenh	Habite	Giorgis			
Aphtor 2	First Name	Middle Name	e Last Name			
Debtor 2 Spouse, if filing	j) First Name	Middle Name	e Last Name			
Inited States Ba	ankruptcy Court fo	r the: WESTER	N DISTRICT OF TI	EXAS		☐ Check if this is an
Case number	19-10142					amended filing
f known)						
fficial Forn	n 106C					
chedule C	: The Prope	erty You Cl	aim as Exem <sub>l</sub>	pt		04
ing the property ace is needed,	y you listed on <i>Scl</i>	nedule A/B: Prop to this page as m	erty (Official Form 10	6A/B) a	as your source, list th	esponsible for supplying correct informat e property that you claim as exempt. If n ssary. On the top of any additional page
o state a spece empted up to t eive certain b emption of 100	cific dollar amoun the amount of any enefits, and tax-e 0% of fair market	t as exempt. Al applicable stat xempt retirement value under a la	ternatively, you may cutory limit. Some ex nt fundsmay be unl w that limits the exe	claim xempti limited emptio	the full fair market ionssuch as those I in dollar amount. F	you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the le statutory amount.
art 1: Id	entify the Prop	erty You Cla	nim as Exempt			
Which set of	f exemptions are	you claiming?	Check one only,	even i	f your spouse is filing	with you.
✓ You are	claiming state and	d federal nonban	kruptcy exemptions.		, ,	with you.
You are	claiming state and claiming federal e	d federal nonban exemptions. 11 U	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.S	S.C. § 522(b)(3)	ŕ
You are You are For any propief description	claiming state and claiming federal e	d federal nonban exemptions. 11 U Schedule A/B th nd line on	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.S mpt, fil	, ,	ŕ
You are You are For any propief description	e claiming state and e claiming federal e perty you list on s	d federal nonban exemptions. 11 U Schedule A/B th nd line on	kruptcy exemptions.  J.S.C. § 522(b)(2)  at you claim as exer  Current value of the portion you	mpt, fil Amo exen	S.C. § 522(b)(3)  Il in the information out of the option you claim	below.
You are You are For any propief descriptions Shedule A/B that	e claiming state and e claiming federal e perty you list on 3 n of the property a at lists this proper	d federal nonban exemptions. 11 U Schedule A/B th nd line on	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exer  Current value of the portion you own  Copy the value from	mpt, fill Amo exen Chece	S.C. § 522(b)(3)  Ill in the information out of the inption you claim ok only one box for exemption	below.
You are You are You are For any propertief description: The description: The description: The description: The description:	e claiming state and calciuming federal experty you list on so of the property and lists this property and lists the lists that lists the lists	d federal nonban exemptions. 11 U Schedule A/B th nd line on	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exer  Current value of the portion you own  Copy the value from Schedule A/B	mpt, fill Amo exen  Check each	S.C. § 522(b)(3)  Il in the information out of the nption you claim ok only one box for exemption	below.  Specific laws that allow exemption  Const. art. 16 §§ 50, 51, Texas
You are You are You are For any properties description: OT 8 BLK B P The from Schedule of description: The description:	e claiming state and e claiming federal e perty you list on so of the property a at lists this property and lists this property are listed to the list of the lists this property and lists this property are listed to the lists this property and lists this property are listed to the list of the lists this property are listed to the lists that lists this property are listed to the lists that lists the list of the lists this property are listed to the lists that lists the lists that li	d federal nonban exemptions. 11 U Schedule A/B th nd line on rty	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exer  Current value of the portion you own  Copy the value from Schedule A/B	mpt, fill Amo exen Check each	S.C. § 522(b)(3)  Il in the information out of the inption you claim  ok only one box for exemption  100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 42.001(a),
You are You are You are For any proper description: PT 8 BLK B P e from Schedule f description: 74 Chevrolet	e claiming state and calciuming federal experty you list on so of the property and lists this property and lists the lists that lists the lists	d federal nonban exemptions. 11 U Schedule A/B th nd line on rty	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exert  Current value of the portion you own  Copy the value from Schedule A/B  \$274,777.00	mpt, fill Amo exen Check each	S.C. § 522(b)(3)  Ill in the information out of the inption you claim  Each only one box for exemption  100% of fair market value, up to any applicable statutory limit	below.  Specific laws that allow exemption  Const. art. 16 §§ 50, 51, Texas  Prop. Code §§ 41.001002
You are You are You are You are For any properties description: OT 8 BLK B Pose from Schedule ief description: OT4 Chevroletiles)	e claiming state and e claiming federal e perty you list on so of the property a at lists this property and lists this propert	d federal nonban exemptions. 11 U Schedule A/B th nd line on rty	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exert  Current value of the portion you own  Copy the value from Schedule A/B  \$274,777.00	mpt, fill Amo exen Check each	S.C. § 522(b)(3)  Il in the information out of the inption you claim  ok only one box for exemption  100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 42.001(a),
You are You are You are For any proprief description: OT 8 BLK B P The from Schedule description: The from Schedule description:	e claiming state and e claiming federal e perty you list on so of the property a at lists this property and lists this propert	d federal nonban exemptions. 11 U Schedule A/B th nd line on rty	kruptcy exemptions.  J.S.C. § 522(b)(2)  Let you claim as exert  Current value of the portion you own  Copy the value from Schedule A/B  \$274,777.00	mpt, fill Amo exen Check each	S.C. § 522(b)(3)  Ill in the information of the inption you claim  Eck only one box for exemption  100% of fair market value, up to any applicable statutory limit  100% of fair market value, up to any applicable statutory applicable statutory applicable statutory applicable statutory	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 42.001(a),

Official Form 106C

**☑** No

□ No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

### Part 2: **Additional Page Current value of** Amount of the Brief description of the property and line on Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$2,000.00 Tex. Prop. Code §§ 42.001(a), Sofa \$1100, chairs \$900 100% of fair market 42.002(a)(1) $\overline{\mathbf{Q}}$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$1,200.00 Tex. Prop. Code §§ 42.001(a), Dining table with chairs 100% of fair market 42.002(a)(1) $\square$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$900.00 Tex. Prop. Code §§ 42.001(a), Curio cabinet \$400, 100% of fair market 42.002(a)(1) kitchenware/dishes/linens \$500 value, up to any applicable statutory Line from Schedule A/B: \_\_\_6 limit Brief description: \$3,000.00 Tex. Prop. Code §§ 42.001(a), 3 beds 100% of fair market 42.002(a)(1) $\mathbf{\Lambda}$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$3,000.00 Tex. Prop. Code §§ 42.001(a), 3 bed stands \$1500, 2 dressers \$1500 100% of fair market 42.002(a)(1) $\overline{\mathbf{Q}}$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$700.00 Tex. Prop. Code §§ 42.001(a), Bookshelf \$300, 4 lamps \$400 100% of fair market 42.002(a)(1) $\square$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$850.00 Tex. Prop. Code §§ 42.001(a), Lawn mower \$250, misc tools \$600 100% of fair market 42.002(a)(1) $\overline{\mathbf{Q}}$ value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$600.00 Tex. Prop. Code §§ 42.001(a), Stove \$500, microwave \$100 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$1,100.00 Tex. Prop. Code §§ 42.001(a), Refrigerator 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 6 applicable statutory

#### Part 2: **Additional Page** Current value of Amount of the Brief description of the property and line on Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$800.00 Tex. Prop. Code §§ 42.001(a), Dishwasher \$400, washer/dryer \$200, 100% of fair market 42.002(a)(1) $\overline{\mathbf{Q}}$ misc small appliances \$200 value, up to any applicable statutory Line from Schedule A/B: 6 limit Brief description: \$1,100.00 Tex. Prop. Code §§ 42.001(a), \$1,100.00 $\overline{\mathbf{Q}}$ T۷ 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$150.00 \$150.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ **Dvd player** 42.002(a)(1) 100% of fair market value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$820.00 \$820.00 Tex. Prop. Code §§ 42.001(a), $\square$ Computer \$700, printer \$120 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$300.00 \$300.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ Video game system 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$300.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ \$300.00 pictures 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 8 applicable statutory limit Brief description: \$1,200.00 \$1,200.00 Tex. Prop. Code §§ 42.001(a), $\overline{\mathbf{Q}}$ **Exercise machine** 100% of fair market 42.002(a)(8) value, up to any Line from Schedule A/B: 9 applicable statutory limit Brief description: \$2,000.00 Tex. Prop. Code §§ 42.001(a), Used men's clothing 100% of fair market 42.002(a)(5) value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$3,100.00 Tex. Prop. Code §§ 42.001(a), Rings \$600, misc costume jewelry \$1500, 100% of fair market 42.002(a)(6) bracelets \$600, rings \$400 value, up to any applicable statutory Line from Schedule A/B: 12 limit

Debtor 1 Alemenh Habite Giorgis			Case number	(if known)	_	
Part 2:	Additional Page					
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption			
Brief descript 1992 Freigl 974,200 mi	htliner FLD 120 with at least	\$12,000.00	100% of fair market value, up to any	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)		
Line from Sc.	hedule A/B: <b>40</b>		applicable statutory limit			
Brief descript		\$4,000.00	\$2,780.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(3)		
Line from Sc	hedule A/B: 49		value, up to any applicable statutory			

limit

Fill in this inf	ormation to ic	lentify you	ır case:					
Debtor 1	Alemenh First Name	Habite Middle Na		Giorgis Last Name				
Debtor 2								
(Spouse, if filing)	First Name	Middle Na	ame	Last Name				
United States Bar	nkruptcy Court for	the: WESTI	ERN DISTR	RICT OF TEXAS				
Case number	19-10142							
(if known)							Check if this amended filir	
Official Form	106D							
Schedule D:		Who Hav	e Claim	s Secured b	y Propei	ty		12/15
1. Do any credit  No. Che Yes. Fill  Part 1: Lis  2. List all securciaim, list the creditor has a	additional pages fors have claims ck this box and su in all of the inform t All Secured ed claims. If a cr creditor separately particular claim, li ible, list the claims	secured by your interest by for each class the other of	your proper on to the cour ore than one im. If more to creditors in P	secured than one art 2. As	wn).	have noth	column B Value of collateral that supports this claim	
2.1			cribe the pro			,626.00	\$274,777.00	
Freedom Mortga	age Corporatio	1		 Bohls Lane		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
Creditor's name Attn: Bankruptc	у							
Number Street PO Box 50428								
				ou file, the claim is	: Check all t	hat apply.		
Indianapolis	IN 46250		Contingent Unliquidated					
City	State ZIP Code		Orinquidated Disputed					
Who owes the deb	ot? Check one.	Natu	ire of lien.	Check all that apply	·.			
Debtor 1 only Debtor 2 only		_		nt you made (such a			l car loan)	
Debtor 1 and D	Debtor 2 only	_		n (such as tax lien, r	nechanic's lie	en)		
_	the debtors and a	nother -		n from a lawsuit ling a right to offset)	1			
Check if this of to a community		للنا	•	Estate Mortgage				
Date debt was inc	urred <u>12/2014</u>	Last	4 digits of	account number	6 9	3 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$226,626.00

Add the dollar value of your entries in Column A on this page. Write that number here:

11/2014

\$135,000.00

Date debt was incurred

Last 4 digits of account number

Debtor 1 Alemenh Habite Giorgis		_ Case number (if	known) <b>19-10142</b>	
Additional Page Part 1: After listing any entries on sequentially from the previous	· ·	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Zitlemax of Texas Inc dba Titlemax Creditor's name 15 Bull Street, Suite 200 Number Street	Describe the property that secures the claim: Hummer	\$2,400.00	\$6,300.00	
Savannah GA 31401 City State ZIP Code  Who owes the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim relates to a community debt	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med) Judgment lien from a lawsuit Other (including a right to offset) Title loan	mortgage or secured	car loan)	
Date debt was incurred 2018	Last 4 digits of account number  Describe the property that			
Westlake Financial Services Creditor's name Customer Care Number Street PO Box 76809	secures the claim: 2008 Cadillac Escalade	\$6,875.00	\$9,625.00	
Los Angeles CA 90054 City State ZIP Code  Who owes the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit  Other (including a right to offset) Automobile	mortgage or secured	car loan)	
Date debt was incurred 02/2015	Last 4 digits of account number	6 8 8 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,275.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$370,901.00

Debtor 1	Alemenh Habite Giorgis	Case number (if known)19-10142	
Part 2:	List Others to Be Notified for a Debt That You A	Iready Listed	
example, it then list th	age only if you have others to be notified about your bankruptor of a collection agency is trying to collect from you for a debt you be collection agency here. Similarly, if you have more than one ditional creditors here. If you do not have additional persons to s page.	u owe to someone else, list the creditor in Part 1, and ecreditor for any of the debts that you listed in Part 1,	
Nar <b>65</b> Nur	odilis & Stawiarski, P.C. me 10 N. Sam Houston Parkway East mber Street	On which line in Part 1 did you enter the creditor?  Last 4 digits of account number	2.1

ΤX

State

77060

ZIP Code

Houston City

Fill in this inf	ormation to ic	lentify your c	.asa:			
Debtor 1	Alemenh	Habite	Giorgis			
Debior	First Name	Middle Name	Last Name	-		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: WESTERN	N DISTRICT OF TEXAS			
Case number (if known)	19-10142				Check if this is a amended filing	an
Official Form	106E/F					
Schedule E/	F: Creditors	s Who Hav	e Unsecured Claims			12/15
Do not include any If more space is not to this page. On the	y creditors with peeded, copy the he top of any add	partially secured Part you need, f ditional pages, w	and on Schedule G: Executory Co d claims that are listed in Schedul ill it out, number the entries in the write your name and case number secured Claims	le D: Creditors Who He boxes on the left. A	old Claims Secur	ed by Property.
1. Do any credit	tors have priority	unsecured clai	ms against you?			
No. Go t ✓ Yes.  2. List all of you		ured claims. If a	creditor has more than one priority	unsecured claim, list th	ne creditor separat	ely for each
show both pric more space is	ority and nonpriori	ty amounts. As r ty unsecured clai	of claim it is. If a claim has both prion nuch as possible, list the claims in a ms, fill out the Continuation Page of	alphabetical order acco	rding to the credito	or's name. If
(For an explar	nation of each type	e of claim, see th	e instructions for this form in the ins	struction booklet.		
				Total claim	Priority amount	Nonpriority amount
2.1				\$3,433.00	\$3,433.00	\$0.00
Heimer Law Offi			- Last 4 digits of account number	,		
6633 Highway 2			When was the debt incurred?	01/30/2019		
Number Street Suite 205			- As of the date you file, the claim		– dv	
-			Contingent	i is. Oneck all that app	ny.	
Austin City	TX State	<b>78723</b> ZIP Code	Unliquidated Disputed			
Who incurred the			Type of PRIORITY unsecured cl	laim:		
Debtor 1 only Debtor 2 only			Domestic support obligations			
Debtor 1 and D	•		Taxes and certain other debts Claims for death or personal i		ent	
<u> </u>	the debtors and a		intoxicated			
Is the claim subject	claim is for a com ct to offset?	mamy debt	Other. Specify  Attorney fees for this cas	se		
✓ No Yes			•			

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Part 1: Your PRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** Nonpriority **Priority** amount previous page. amount 2.2 \$1,125.50 \$1,125.50 \$0.00 **Internal Revenue Service**  Last 4 digits of account number Priority Creditor's Name Centralized Insolvency Office When was the debt incurred? 2017 Number PO Box 7346 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **Philadelphia** 19101-7346 PA Disputed City State ZIP Code Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only ☐ Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only Claims for death or personal injury while you were At least one of the debtors and another intoxicated ☐ Check if this claim is for a community debt □ Other. Specify Is the claim subject to offset? ✓ No ☐ Yes 2.3 \$6.000.00 \$0.00 \$6.000.00 **Internal Revenue Service**  Last 4 digits of account number Priority Creditor's Name **Centralized Insolvency Office** When was the debt incurred? 2018 Number Street PO Box 7346 As of the date you file, the claim is: Check all that apply. Contingent

Unliquidated

intoxicated

Other. Specify

Type of PRIORITY unsecured claim:

Domestic support obligations

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Disputed

PA

State

Check one.

19101-7346

ZIP Code

Philadelphia

Debtor 1 only

No Yes

Debtor 2 only

Who incurred the debt?

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 Alemenh Habite Giorgis	Case number (if known) 19-10142
Part 2: List All of Your NONPRIORIT	Y Unsecured Claims
3. Do any creditors have nonpriority unsecured  ☐ No. You have nothing to report in this part  ✓ Yes	claims against you?  . Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority unse type of claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
4.1  Applied Bnk  Nonpriority Creditor's Name	\$286.00 Last 4 digits of account number 4 3 4 9 When was the debt incurred? 08/2012
Attn: Bankruptcy Number Street PO Box 17125	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed
Wilmington  DE 19176  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Credit Card
4.2  Capital One Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 30285	\$358.00  Last 4 digits of account number 7 0 9 5  When was the debt incurred? 09/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated
Salt Lake City  City  State  ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$293.00 Capital One Last 4 digits of account number <u>5 0 0 0</u> Nonpriority Creditor's Name 03/2018 When was the debt incurred? Attn: Bankruptcy Number As of the date you file, the claim is: Check all that apply. Street PO Box 30285 ☐ Contingent Unliquidated Disputed Salt Lake City UT 84130 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes \$16,395.00 Credit Management, LP Last 4 digits of account number 4 3 4 1 Nonpriority Creditor's Name When was the debt incurred? 11/2016 Attn: Bankruptcy Stree As of the date you file, the claim is: Check all that apply. Number PO Box 118288 Contingent ☐ Unliquidated Disputed Carrollton TX 75011 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - ARA DIAGNOSTIC IMAGING Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$95.00 Credit Management, LP Last 4 digits of account number 3 9 9 9 Nonpriority Creditor's Name When was the debt incurred? 03/2017 Attn: Bankruptcy Number Street As of the date you file, the claim is: Check all that apply. PO Box 118288 Contingent Unliquidated Disputed Carrollton TX 75011 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only 

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Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Other. Specify

 $\square$ 

that you did not report as priority claims

**Collecting for - AMBIT ENERGY** 

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$90.00 Credit Management, LP Last 4 digits of account number <u>5 8 9 1 </u> Nonpriority Creditor's Name When was the debt incurred? 04/2018 Attn: Bankruptcy Number As of the date you file, the claim is: Check all that apply. Street PO Box 118288 ☐ Contingent Unliquidated Disputed Carrollton 75011 TX State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ✓ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ ☐ Check if this claim is for a community debt Collecting for - ARA DIAGNOSTIC IMAGING Is the claim subject to offset? **☑** No ☐ Yes 4.7 \$664.00 Credit One Bank Last 4 digits of account number 4 7 4 Nonpriority Creditor's Name When was the debt incurred? 11/2017 ATTN: Bankruptcy As of the date you file, the claim is: Check all that apply Number PO Box 98873 Contingent ☐ Unliquidated Disputed N۷ 89193 Las Vegas City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$641.00 **ERC/Enhanced Recovery Corp** Last 4 digits of account number 0 0 3 3 Nonpriority Creditor's Name When was the debt incurred? 09/2016 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Street Number 8014 Bayberry Road Contingent Unliquidated Disputed **Jacksonville** FL 32256 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another

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Is the claim subject to offset?

☐ Check if this claim is for a community debt

Collecting for - AT T DIRECTV

Other. Specify

 $\square$ 

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$119.00 **ERC/Enhanced Recovery Corp** Last 4 digits of account number <u>7 8 4 6 </u> Nonpriority Creditor's Name 11/2018 When was the debt incurred? Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street 8014 Bayberry Road ☐ Contingent Unliquidated Disputed 32256 **Jacksonville** FL City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ ☐ Check if this claim is for a community debt Collecting for - CHARTER COMMUNICATIONS Is the claim subject to offset? **☑** No ☐ Yes 4.10 \$289.00 Franklin Collection Service, Inc. Last 4 digits of account number 1 3 9 7 Nonpriority Creditor's Name When was the debt incurred? 10/2018 Attn: Bankruptcy Street As of the date you file, the claim is: Check all that apply. Number PO Box 3910 Contingent ☐ Unliquidated Disputed Tupelo MS 38803 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - AT T Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$5,400.00 I C System Inc Last 4 digits of account number 2 2 2 0 Nonpriority Creditor's Name When was the debt incurred? 08/2018 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street P.O. Box 64378 Contingent Unliquidated Disputed St. Paul MN 55164 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

✓ No ☐ Yes

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Collecting for - AUSTIN ANESTHESIOLOGY GROUP

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$249.00 I C System Inc Last 4 digits of account number <u>8 6 3 4</u> Nonpriority Creditor's Name 06/2017 When was the debt incurred? Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number PO Box 64378 ☐ Contingent Unliquidated Disputed St Paul MN 55164 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ✓ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ ☐ Check if this claim is for a community debt Collecting for - ATT U-VERSE Is the claim subject to offset? **☑** No ☐ Yes 4.13 \$3,029.00 Internal Revenue Service Last 4 digits of account number Nonpriority Creditor's Name 2010 When was the debt incurred? Centralized Insolvency Office As of the date you file, the claim is: Check all that apply. Number PO Box 7346 Contingent Unliquidated П Disputed Philadelphia PA 19101-7346 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Taxes Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$240.56 Internal Revenue Service Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2012 Centralized Insolvency Office Number As of the date you file, the claim is: Check all that apply. Street PO Box 7346 Contingent Unliquidated Disputed Philadelphia 19101-7346 PA ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another

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**☑** No

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Other. Specify

Taxes

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Debtor 1 Alemenh Habite Giorgis	Case number (if known) 19-10142	
Part 2: Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$9,117.37
Internal Revenue Service	Last 4 digits of account number	
Nonpriority Creditor's Name Centralized Insolvency Office	When was the debt incurred? 2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 7346		
Dhiladalahia DA 40404 7040	Disputed	
Philadelphia PA 19101-7346 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Taxes	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.16		\$6,536.71
Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	
Centralized Insolvency Office	When was the debt incurred? 2007	
Number Street PO Box 7346	As of the date you file, the claim is: Check all that apply.	
10 000 1040	Contingent Unliquidated	
Dhiladalphia DA 40404 7246	Disputed	
PhiladelphiaPA19101-7346CityStateZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Taxes	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.17		
	Local A dissilate of account number	\$5,682.30
Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred? 2014	
Centralized Insolvency Office  Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 7346	Contingent	
	Unliquidated	
Philadelphia PA 19101-7346	Disputed	
City State ZIP Code  Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Taxes	

Is the claim subject to offset? ✓ No ☐ Yes

Debtor 1 Alemenh Habite Giorgis	Case number (if known) 19-10142	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.18		\$8,915.53
Internal Revenue Service	Last 4 digits of account number	
Nonpriority Creditor's Name  Centralized Insolvency Office	When was the debt incurred? 2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 7346	_ ☐ Contingent ☐ Unliquidated	
Dhiladalahia DA 40404 7040	Disputed	
Philadelphia PA 19101-7346  City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Taxes	
Is the claim subject to offset?  ☑ No ☐ Yes		
4.19		\$2,320.00
Merchants & Professional Credit Bureau Nonpriority Creditor's Name	Last 4 digits of account number 9 2 9 4	
Attn: Bankruptcy	When was the debt incurred? 04/2017	
Number Street 5508 Parkcrest Dr Ste. 210	As of the date you file, the claim is: Check all that apply.  ☐ Contingent	
	Unliquidated	
Austin TX 78731	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  ✓ Debtor 1 only	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for - CARDIOTHORACIC AND VASCULAR SU	
Is the claim subject to offset?  ✓ No		
Yes		
4.20		\$729.00
Midwest Recovery Systems Nonpriority Creditor's Name	_ Last 4 digits of account number4_ 3_ 8_ 1_	
Attn: Bankruptcy	When was the debt incurred? 08/02/2018	
Number Street PO Box 899	As of the date you file, the claim is: Check all that apply.	
1 0 DOX 000	Contingent Unliquidated	
Floringert MO 62022	Disputed	
Florissant         MO         63032           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for - LONGHORN EMERGENCY MEDICAL	

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$460.00 **Midwest Recovery Systems** Last 4 digits of account number <u>1 6 5 7</u> Nonpriority Creditor's Name When was the debt incurred? 05/01/2018 Attn: Bankruptcy Number As of the date you file, the claim is: Check all that apply. Street PO Box 899 ☐ Contingent Unliquidated Disputed 63032 **Florissant** MO State City ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ✓ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\mathbf{\Lambda}$ ☐ Check if this claim is for a community debt Collecting for - LONGHORN EMERGENCY MEDICAL Is the claim subject to offset? **☑** No ☐ Yes 4.22 \$1,517.00 National Credit Systems, Inc. Last 4 digits of account number 2 3 5 8 Nonpriority Creditor's Name 02/2015 When was the debt incurred? Attn: Bankruptcy Stree As of the date you file, the claim is: Check all that apply Number PO Box 312125 Contingent ☐ Unliquidated Disputed **Atlanta** GA 31131 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - MARQUIS AT CANYON RIDGE APTS Is the claim subject to offset? **☑** No ☐ Yes 4.23 \$1,000.00 National Credit Systems, Inc Last 4 digits of account number 2 3 5 9 Nonpriority Creditor's Name When was the debt incurred? 02/2015 Attn: Bankruptcy Number As of the date you file, the claim is: Check all that apply. Street PO Box 312125 Contingent Unliquidated Disputed **Atlanta** GA 31131 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts

✓ No ☐ Yes

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Collecting for - SURE DEPOSIT

Other. Specify

 $\square$ 

Debtor 1 Alemenh Habite Giorgis	Coop number (if known) 19-101/2	
	Case number (if known) 19-10142 red Claims Continuation Page	
After listing any entries on this page, number the		Total dalam
previous page.		Total claim
4.24		\$807.00
Phoenix Financial Services. Llc Nonpriority Creditor's Name	Last 4 digits of account number3 _4 _0 _7_	
PO Box 361450	When was the debt incurred? 08/2018	
Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>         □ Contingent     </li> </ul>	
	Unliquidated	
Indianapolis IN 46236	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans Obligations origing out of a constraint agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  Other. Specify  Collecting for - LONGHORN EMERGENCY MEDICAL ASS  Other. Specify  O	
Is the claim subject to offset?		
No You		
Yes		
4.25		\$460.00
Phoenix Financial Services. Llc	Last 4 digits of account number718	
Nonpriority Creditor's Name PO Box 361450	When was the debt incurred? 10/2018	
Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>         □ Contingent     </li> </ul>	
	Unliquidated	
Indianapolis IN 46236	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	dollocally for Editorioliti Emericano i medical a	
No No		
Yes		
4.26		\$460.00
Phoenix Financial Services. Llc	Last 4 digits of account number4663_	
Nonpriority Creditor's Name PO Box 361450	When was the debt incurred? 08/2018	
Number Street	As of the date you file, the claim is: Check all that apply.  —   — Contingent	
	Unliquidated	
Indianapolis IN 46236	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans  Obligations origing out of a consertion agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Companies to Controller Employer Medical Medic	
No No		
Yes		

Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.27 \$409.00 Randolph Brook FCU Last 4 digits of account number 9 5 7 4 Nonpriority Creditor's Name When was the debt incurred? 06/09/2018 **Attn: Bankruptcy Dept** Number Street As of the date you file, the claim is: Check all that apply. PO Box 2097 ☐ Contingent Unliquidated ☐ Disputed **Universal City** TX 78148 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

Secured

☐ Check if this claim is for a community debt

Is the claim subject to offset?

✓ No ☐ Yes

### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom rait i	6b.	Taxes and certain other debts you owe the government	6b.	\$7,125.50
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>.</b>	\$3,433.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$10,558.50
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>.</b>	<b>+</b> <u>\$66,562.47</u>
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$66,562.47

Fill in this info	ormation to i	dentify your case	:		
Debtor 1	Alemenh First Name	Habite Middle Name	Giorgis Last Name	_	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	kruptcy Court fo	r the: WESTERN DIS	STRICT OF TEXAS		
Case number (if known)	19-10142				

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Debtor 1	Alemenh	Habite	Giorgis	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
Case number	19-10142			☐ Check if this is
(if known)				amended filing

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	✓ No  Yes	o not list eitner spouse as a codebtor.)					
2.	Within the last 8 years, have you lived in a community proper include Arizona, California, Idaho, Louisiana, Nevada, New Mex	erty state or territory? (Community property states and territories kico, Puerto Rico, Texas, Washington, and Wisconsin.)					
	No. Go to line 3.						
	Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?						
	<b>☑</b> No						
	Yes						
3.	In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.						
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt					
		Check all schedules that apply:					

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers.  Occupation   Debtor 1   Debtor 2 or non-filing spouse   Employed   Not employed   Street   Number Street	Fill in this informa	ation to identi	y your case:								
Debtor 2 (Spous, if filing) Fret Name United States Bankruptcy Court for the:  WESTERN DISTRICT OF TEXAS  Case number 19-10142 (If Known)  Difficial Form 106I Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing injurity, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment Information. If you have more than one job, statech a separate and power spouse is not filing with you, do not include information about your spouse. If you have more than one job, statech a separate page with information about additional employers.  Occupation Occupation Occupation Occupation Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Employer's address  Employer's state  Base and ist a possible to the form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated sheet to this form.  For Debtor 1  For Debtor 1  For Debtor 2 or non-filing spouse include your and the information for all employers for that person on the lines below. If you or your non-filing spouse unless you are separated sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse unless you are separated and the monthly wage would be.  Last Name  Last Name  WESTERN DISTRICT OF TEXAS  MM/ DD / YYYYY  As a married people in the following date filing information for all employers for that person on the lines below. If your your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If your your non-filing	Debtor 1	Alemenh	Habite	Giorgis							
Cipouse, if filing  First Name   Moddle Name   Last		First Name	Middle Name	Last Name			Che	eck if this is:			
United States Bankruptcy Court for the:  Case number 19-10142 (if known)  Official Form 106   Schedule I: Your Income  12/1  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling iplointy, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate page with information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Employer's address  Bemployer's address  Bemployer's address  Bemployer's address  Bemployer's state Expected.  Number Street  Pflugerville TX 78660  City State Zp Code City State Zp Code  City State Zp Code  City State Zp Code  City State Zp Code  Low In the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filling spouse where we more than one employer, combine the information for all employers for tha		First Name	Middle Name	Last Name			_  _	An amended filing			
Case number (if known)  Official Form 106l  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing your your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate sheet to this form. On the top of any additional pages, write  Employment status    Debtor 1		otcy Court for the:	WESTERN D	ISTRICT OF TE	XAS						
Official Form 106I Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is living with you, fon the include information about your spouse. If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Mary include part-time, seasonal, or self-employed work.  Employer's name  Employer's address  Employer's possible for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all 2. \$0.00 payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Estimate and list monthly overtime pay.  3. + \$0.00		. ,						chapter 13 income as of the following date			
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If wore space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Debtor 1 Debtor 2 or non-filling spouse power information.  Debtor 1 Debtor 2 or non-filling spouse information about additional employers.  Occupation Owner/Operator  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  803 Clarence Bohls Lane  Number Street  Priugerville TX 78660  Cay State Zp Code  How long employed there?  2005-2019  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse wages, salary, and commissions (before all 2. \$0.00  payroll deductions). If not paid monthly, calculate what the monthly wage you'ld be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	(if known)							MM / DD / YYYY			
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers.  Occupation Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with information about additional employers and creef-employed work.  Occupation Thomemaker, if it applies.  Debtor 1 Debtor 2 or non-filing spouse information. Owner/Operator  Include part-time, seasonal, or self-employed work.  Employer's address  Employer's address  803 Clarence Bohls Lane  Number Street  Pflugerville TX 78660  City State Zip Code  How long employed there? 2005-2019  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage  would be.  3. Estimate and list monthly overtime pay.	Official Form 106	<u>81</u>									
responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Occupation  Occupation may include student or homemaker, if it applies.  Debtor 1 Debtor 2 or non-filing spouse in the filing with you, do not include information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Debtor 1 Debtor 2 or non-filing spouse in the filing spouse in the filing spouse in the filing with you, do not include part-time, seasonal, or self-employed work.  Debtor 1 Debtor 2 or non-filing spouse in the filing s	Schedule I: You	r Income						12/1			
Information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Employer's name  Employer's address  Baylies.  Employer's address  Occupation  Employer's address  Occupation  Occupation  Employer's address  Occupation  Occupation  Occupation  Occupation  Employer's address  Occupation  Employer's address  Occupation  Employer's address  Occupation  Employer's address  Occupation  Include part-time, seasonal, or self-to-time of the information  Occupation  Occupat	include information abo about your spouse. If r your name and case nu	out your spouse. nore space is ned mber (if known).	If you are separeded, attach a se Answer every o	ated and your spender	ouse is	s not f	iling with y	ou, do not include information			
If you have more than one job, attach a separate page with information about additional employers.  Occupation  Oc		ment		Debtor 1	Deletered			Dahtan 2 an nan filing an ana			
with information about additional employers.  Occupation  Occupation  Occupation  Occupation may include student or homemaker, if it applies.  Employer's address  Occupation may include student or homemaker, if it applies.  Pflugerville  TX 78660  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you no your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filling spouse  Pour Debtor 2 or non-filling spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Stimate and list monthly overtime pay.  3. + \$0.00	•		avenant atatus								
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  But Trucking  City  Ty 78660  City  State Zip Code  To any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you row row row row row row row row than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  Payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Estimate and list monthly overtime pay.  3. + \$0.00	•		_				<del>_</del> · · ·				
Occupation may include student or homemaker, if it applies.    Employer's address   Employer's address   Employer's address   Street   Number   Street   Num	additional employer	s. <b>Occu</b>	pation	Owner/Operator				_			
Student or homemaker, if it applies.    Pflugerville   TX   78660	•	l	oyer's name	Ethio Trucking	9			_			
How long employed there? 2005-2019  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$0.00  payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	student or homema	-iiibi	oyer's address					Number Street			
How long employed there? 2005-2019  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$0.00  payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00								_			
Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00				Pflugerville		TX	78660				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00				City		State	Zip Code	City State Zip Code			
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$0.00  payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.		How	ong employed t	here? <u>2005-2</u>	019		_				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$0.00  payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.	Part 2: Give De	etails About M	onthly Incom	e							
non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00					ina to	report	for any line	write \$0 in the space. Include your			
you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	non-filing spouse unless	you are separated	i.	-			-				
For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  5. Solution 1 For Debtor 2 or non-filing spouse 2.  4. Solution 2 Solution 3				er, combine the inf	ormati	on for	all employe	rs for that person on the lines below. If			
payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	,	·				For D	ebtor 1				
· <u> </u>	payroll deductions).				2.		\$0.00				
4. Calculate gross income. Add line 2 + line 3.	3. Estimate and list n	nonthly overtime	рау.		3. 👍		\$0.00				
	4. Calculate gross in	come. Add line 2	+ line 3.		4.		\$0.00				

Debt	or 1 Alemenh Habite Giorgis		Case nur	mber (if knov	vn) <b>19-</b> 1	1014	12		
			For Debtor 1	For Debte					
	Copy line 4 here	4.	\$0.00			_			
	List all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00						
	5b. Mandatory contributions for retirement plans	5b.	\$0.00						
	5c. Voluntary contributions for retirement plans	5c.	\$0.00						
	5d. Required repayments of retirement fund loans	5d.	\$0.00						
	5e. Insurance	5e.	\$0.00						
	5f. Domestic support obligations	5f.	<u>\$0.00</u> \$0.00						
	5g. Union dues 5h. Other deductions.	5g.	<u> </u>						
	Specify:	5h. <b>-</b>	\$0.00						
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$0.00						
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00						
8.	List all other income regularly received:								
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$6,515.57						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b. Interest and dividends	8b.	\$0.00						
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d. Unemployment compensation	8d.	\$0.00						
	8e. Social Security	8e.	\$0.00						
	8f. Other government assistance that you regularly receive								
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	Specify:	8f.	\$0.00						
	8g. Pension or retirement income	- 8g.	\$0.00						
	8h. Other monthly income.								
	Specify: Live in Significant Other	8h. <b>-</b>	\$1,731.00						
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$8,246.57						
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$8,246.57	+		=	\$8,246.57		
	State all other regular contributions to the expenses that you list in S								
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.								
	Do not include any amounts already included in lines 2-10 or amounts that	at are r	not available to pay	expenses lis	ted in Sch	nedul	e J.		
	Specify:				_ 11.	+	\$0.00		
	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information,						\$8,246.57		
	if it applies.	ibio fo	rm2				ombined onthly income		
13.	Do you expect an increase or decrease within the year after you file t	uns 10							
	✓ No. None.  Yes. Explain:								

Debtor 1	Alemenh Habite Giorgis		Case number (if known)	19-10142
8a. Attache	ed Statement (Debtor 1)			
		Ethio Trucking		
Gross Mo	nthly Income:			\$6,515.57
Expense		Category	Amount	
Total Mon	thly Expenses			\$0.00
Net Month	nly Income:			\$6,515.57

G	ill in this inform	nation to identi	fy your case:			Check if thi	e ie:	
	Debtor 1	Alemenh First Name	Habite Middle Name	Giorg Last Na		An am	ended filing blement showing p	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me		er 13 expenses as ng date:	s of the
	United States Bankr	uptcy Court for the	: WESTERN DIS	TRICT OF	TEXAS	<u></u>	DD / YYYY	_
	Case number	19-10142				IVIIVI / L	777777	
	(if known) fficial Form 10	ne I						
	chedule J: Yo		ie.					12/15
Be co	as complete and ac	ccurate as possib f more space is ne	le. If two married pe	er sheet to t	ing together, both ar his form. On the top			plying
F	Part 1: Descri	be Your House	ehold					
1.	Is this a joint case	e?						
	<ul> <li>✓ No. Go to line 2.</li> <li>✓ Yes. Does Debtor 2 live in a separate household?</li> <li>☐ No</li> <li>☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.</li> </ul>							
2.	Do you have depe		No Yes. Fill out this inf	ormation	Dependent's relation		Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	for each dependent		Debtor 1 or Debtor	2	age	live with you?  ☐ No
	Do not state the de	ependents'			Daughter		12	Yes
	names.				Son		10	□ No ☑ Yes
								□ No □ Yes
								□ No
								Yes No
							-	Yes
3.	Do your expenses expenses of peop yourself and your	ole other than	✓ No ☐ Yes					
F	Part 2: Estima	ate Your Ongoi	ing Monthly Exp	enses				
to		of a date after the			re using this form as supplemental Sched			
			h government assis n Schedule I: Your II				Your expens	es
4.			enses for your resid any rent for the grou				4.	\$750.00
	If not included in	line 4:						
	4a. Real estate ta	axes					4a	\$5.00
	4b. Property, hom	neowner's, or rente	r's insurance				4b	
	4c. Home mainte	nance, repair, and	upkeep expenses				4c	\$100.00
	4d Homeowner's	association or cor	ndominium dues				4d	

Deb	tor 1 Alemenh Habite Giorgis	Case number (if known)	19-10142
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$175.00
	6b. Water, sewer, garbage collection	6b	\$80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$250.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7	\$900.00
8.	Childcare and children's education costs	8	\$20.00
9.	Clothing, laundry, and dry cleaning	9.	\$250.00
10.	Personal care products and services	10	\$65.00
11.	Medical and dental expenses	11	\$200.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$200.00
14.	Charitable contributions and religious donations	14	
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$150.00
	15d. Other insurance. Specify:	15d.	
16.	<ul><li>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li><li>Specify: Anticipated 1099 Taxes</li></ul>	16	\$600.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you.  Specify:	19	

Debtor 1		Alemenh Habite Giorgis	Case number (if known)	<u>19-10142</u>			
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.					
	20a.	Mortgages on other property	20a				
	20b.	Real estate taxes	20b				
	20c.	Property, homeowner's, or renter's insurance	20c				
	20d.	Maintenance, repair, and upkeep expenses	20d	_			
	20e.	Homeowner's association or condominium dues	20e				
21.	Othe	Specify:	21. +_				
22.	Calcu	late your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$3,945.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,945.00			
23.	Calcu	late your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$8,246.57			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$3,945.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$4,301.57			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fil	e this form?				
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	<b>V</b>	No					
	□ `	Yes. Explain here: None.					

Fill in this information to identify your case:						
Debtor 1	Alemenh First Name	Habite Middle Name	Giorgis Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	WESTERN DISTR	ICT OF TEXAS			
Case number (if known)	19-10142					

Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

# schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: **Summarize Your Assets** Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) \$402,895.00 1a. Copy line 55, Total real estate, from Schedule A/B...... \$73,095.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$475,990.00 1c. Copy line 63, Total of all property on Schedule A/B..... Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$370,901.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$10,558.50 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$66,562.47 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$448,021.97 Your total liabilities Part 3: **Summarize Your Income and Expenses** Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I..... \$8,246.57 Schedule J: Your Expenses (Official Form 106J) \$3,945.00 Copy your monthly expenses from line 22c of Schedule J.....

Debtor 1		Alemenh Habite Giorgis	Case number (if known)	19-10142
Pá	art 4:	Answer These Questions for Administrative and Statist	ical Records	
6.	Are y	ou filing for bankruptcy under Chapters 7, 11, or 13?		
	_	No. You have nothing to report on this part of the form. Check this box and sees	submit this form to the court	t with your other schedules.
7.	What	kind of debt do you have?		
	<u> </u>	Your debts are primarily consumer debts. Consumer debts are those "incamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for state	,	
		<b>Your debts are not primarily consumer debts.</b> You have nothing to report his form to the court with your other schedules.	on this part of the form. Ch	neck this box and submit
В.		the Statement of Your Current Monthly Income: Copy your total current nal Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	•	\$7,489.00
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedul	le E/F:	
			Total claim	
	From	Part 4 on Schedule E/F, copy the following:		
	9a. I	Domestic support obligations. (Copy line 6a.)		\$0.00
	9b	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$7	7,125.50

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

\$0.00

\$7,125.50

Fill in this information to identify your case:						
Debtor 1	Alemenh First Name	Habite Middle Name	Giorgis Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: <b>WESTERN DIS</b>	STRICT OF TEXAS			
Case number (if known)	19-10142					

# Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below								
Did you pay or agree to pay someone who is No	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
<b>☑</b> No								
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).							
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.								
X /s/ Alemenh Habite Giorgis Alemenh Habite Giorgis, Debtor 1	X Signature of Debtor 2							
Date 02/15/2019 MM / DD / YYYY	Date							

Debtor 1	Alemenh First Name	Habite Middle Name	Giorgis Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
		r the: <b>WESTERN DI</b>	STRICT OF TEXAS	
Case number	nkruptcy Court fo 19-10142	r the: WESTERN DIS	STRICT OF TEXAS	☐ Check if this is a
		r the: WESTERN DIS	STRICT OF TEXAS	☐ Check if this is a amended filing
Case number	19-10142	r the: WESTERN DIS	STRICT OF TEXAS	_
Case number		r the: <b>WESTERN DI</b> S	STRICT OF TEXAS	_

St	atement of Financial Affairs for Individuals Filing for Bankruptcy	04/16
cor	as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying rect information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write ur name and case number (if known). Answer every question.	
P	art 1: Give Details About Your Marital Status and Where You Lived Before	
1.	What is your current marital status?  ☐ Married ☐ Not married	
2.	During the last 3 years, have you lived anywhere other than where you live now?  ☑ No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.	
3.	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	
	<ul><li>✓ No</li><li>✓ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).</li></ul>	

Debtor 1 Alemenh Habite Giorgis		Alemenh Habite Giorgis	Case number (if known) 19-10142					
Р	art 2:	Explain the Sources of	Your Income					
4.	Fill in th	I have any income from employ e total amount of income you rec re filing a joint case and you have	eived from all jobs and all bu	ısinesses, including par	t-time activities.	llendar years?		
	□ No ☑ Yes	s. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions		
		ry 1 of the current year until I filed for bankruptcy:	<ul><li>Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$7,188.92	<ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>			
		calendar year:	☐ Wages, commissions, bonuses, tips	\$78,186.78	☐ Wages, commissions, bonuses, tips			
(Jai	luary i to	December 31, 2018 ) YYYY	Operating a business		Operating a business			
		ndar year before that:	☐ Wages, commissions, bonuses, tips	\$20,239.00	Wages, commissions, bonuses, tips			
(Ja	nuary 1 to	December 31, <u>2017</u> )	Operating a business		Operating a business			
5.	Include unemple and gan Debtor	receive any other income during income regardless of whether that by ment; and other public benefit publing and lottery winnings. If you the source and the gross income from the process income during the process in the pr	at income is taxable. Examp payments; pensions; rental ir u are in a joint case and you	les of other income are ncome; interest; dividend have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;		
	□ No	s. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
		ry 1 of the current year until I filed for bankruptcy:	live in contribution	\$1,731.00				
		calendar year: December 31, 2018 )	live in contribution	\$20,772.00				
		ndar year before that:	live in contribution	\$20,772.00				
(Ja	nuary 1 to	December 31, 2017 )						

Debtor 1	Alemenh Habite Gio	rgis			Case number (if known) 19-10142		
Part 3:	List Certain Payn	nents You M	ade Before \	You Filed for Ba	ankruptcy		
6. Are eith	ner Debtor 1's or Debtor	· 2's debts prim	arily consume	r debts?			
□ No.	Neither Debtor 1 nor "incurred by an individual"					d in 11 U.S.C. § 101(8) as	
	During the 90 days be	efore you filed fo	or bankruptcy, di	id you pay any credi	tor a total of \$6,425*	or more?	
	☐ No. Go to line 7.						
Yes. List below each creditor to whom yo total amount you paid that creditor. child support and alimony. Also, do				include payments fo ude payments to an	r domestic support o attorney for this ban	bligations, such as kruptcy case.	
	* Subject to adjustme	nt on 4/01/19 ar	nd every 3 years	after that for cases	filed on or after the	date of adjustment.	
<b>▼</b> Yes	Debtor 1 or Debtor 2	or both have p	rimarily consu	ımer debts.			
	During the 90 days be	efore you filed fo	or bankruptcy, di	id you pay any credi	tor a total of \$600 or	more?	
	No. Go to line 7.						
		not include pay	ments for dome		ons, such as child su		
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for	
	f Texas Inc dba Titler	nax		\$750.00	\$0.00	_	
Creditor's name  15 Bull Stre  Number Stre	eet, Suite 200		monthly —			<ul><li>✓ Car</li><li>✓ Credit card</li><li>✓ Loan repayment</li><li>✓ Suppliers or vendors</li></ul>	
Savannah City	GA State	<b>31401</b> ZIP Code	_			Other	
City	State	ZIF Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for	
	inancial Services		_	\$1,431.00	\$6,875.00	_ Mortgage	
Creditor's name  Customer Care  Number Street  PO Box 76809		monthly —			<ul><li>✓ Car</li><li>✓ Credit card</li><li>✓ Loan repayment</li></ul>		
Los Angele		90054	_			Suppliers or vendors Other	

Los Angeles City

**CA** State

90054 ZIP Code

Deb	tor 1	Alemenh Habite Giorgis	Case number (if known)	19-10142
7.	Insiders corpora agent, i	1 year before you filed for bankruptcy, did you make a payment on a destinction of the street of any general partners; relatives of any general partners of which you are an officer, director, person in control, or owner of 20% including one for a business you operate as a sole proprietor. 11 U.S.C. § 1 or child support and alimony.	ers; partnerships of which % or more of their voting s	you are a general partner; ecurities; and any managing
	✓ No ☐ Yes	s. List all payments to an insider.		
8.		1 year before you filed for bankruptcy, did you make any payments or t ed an insider?	ransfer any property on	account of a debt that
	Include	payments on debts guaranteed or cosigned by an insider.		
	✓ No ☐ Yes	s. List all payments that benefited an insider.		
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosure	es	
9.	List all	1 year before you filed for bankruptcy, were you a party in any lawsuit, such matters, including personal injury cases, small claims actions, divorces ations, and contract disputes.		
	✓ No	s. Fill in the details.		
10.	seized,	1 year before you filed for bankruptcy, was any of your property reposs or levied? all that apply and fill in the details below.	sessed, foreclosed, garn	ished, attached,
	ب	Go to line 11. s. Fill in the information below.		
11.		90 days before you filed for bankruptcy, did any creditor, including a bats from your accounts or refuse to make a payment because you owed		n, set off any
	✓ No	s. Fill in the details.		
12.		1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assign	ee for the benefit of
	✓ No ☐ Yes	S		

Deb	tor 1	Alemenh I	Habite (	Giorgis			Case number (if k	nown) .	19-10142	
Pa	art 5:	List Cer	tain G	ifts and Cor	ntributions					
13.	Within	2 years befo	re you t	filed for bankrı	uptcy, did you giv	e any gifts with a	total value of more	than \$6	00 per perso	on?
	✓ No	s. Fill in the o	details fo	or each gift.						
14.		2 years before the contract of	ore you f	filed for bankrı	uptcy, did you giv	e any gifts or con	tributions with a tot	al value	of more tha	ın \$600
	✓ No	s. Fill in the o	details fo	or each gift or c	ontribution.					
Pa	art 6:	List Cer	tain Lo	osses						
15.		1 year befor lisaster, or g	-		ptcy or since you	filed for bankrupt	cy, did you lose any	thing b	ecause of th	eft, fire,
	✓ No	s. Fill in the o	details.							
Pa	art 7:	List Cer	tain Pa	ayments or	Transfers					
	Include  No	-	rs, bankr	_		rring a bankruptcy counseling agencie	es for services requir	ed for y	our bankrupto	cy.
					Description and	d value of any prop	perty transferred	Date	payment	Amount of
	mer La	w Offices F	P.C.		_			or tra	ansfer was	payment
	3 High	way 290 Ea	st		-			01	/30/2019	\$1,467.00
Sui	te 205				-					_
Aus	stin		TX	78723						
City			State	ZIP Code	-					
Ema	il or websi	te address			-					
Pers	on Who M	Made the Payme	ent, if Not	You	_					
17.	anyone	who promi	sed to h	elp you deal w		s or to make paym	on your behalf pay ents to your credito		sfer any prop	perty to
	✓ No	s. Fill in the o	details.							

Deb	otor 1	Alemenh Habite Giorgis	Case number (if known)	19-10142
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwise by transferred in the ordinary course of your business or financial affair		o anyone, other than
		both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement.	a security interest or morto	gage on your property).
	☑ No □ Yes	s. Fill in the details.		
19.		10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or	similar device of which
	✓ No ☐ Yes	s. Fill in the details.		
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Stor	age Units
20.		1 year before you filed for bankruptcy, were any financial accounts or i , closed, sold, moved, or transferred?	nstruments held in your	name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks	, credit unions, brokerage
	✓ No ☐ Yes	s. Fill in the details.		
21.	-	now have, or did you have within 1 year before you filed for bankruptc urities, cash, or other valuables?	y, any safe deposit box o	or other depository
	✓ No ☐ Yes	s. Fill in the details.		
22.	Have ye	ou stored property in a storage unit or place other than your home with	in 1 year before you filed	for bankruptcy?
		s. Fill in the details.		
Pa	art 9:	Identify Property You Hold or Control for Someone Else	•	
23.	•	hold or control any property that someone else owns? Include any proin trust for someone.	operty you borrowed fro	m, are storing for,
	✓ No ☐ Yes	s. Fill in the details.		

Del	otor 1	Alemenh Habite Giorgis		Case number (if known) 19-10142
Р	art 10:	Give Details About En	vironmental Information	
For	the purp	oose of Part 10, the following o	definitions apply:	
	hazardoı	us or toxic substance, wastes	, state, or local statute or regulation cond , or material into the air, land, soil, surfac colling the cleanup of these substances, v	
			operty as defined under any environment ilize it, including disposal sites.	ntal law, whether you now own, operate, or
		, ,	n environmental law defines as a hazardo ant, contaminant, or similar item.	lous waste, hazardous substance, toxic
Rep	oort all n	otices, releases, and proceedi	ings that you know about, regardless of v	when they occurred.
24.	Has an law?	y governmental unit notified y	ou that you may be liable or potentially li	liable under or in violation of an environmental
	✓ No	s. Fill in the details.		
25.		ou notified any governmental	unit of any release of hazardous material	il?
	✓ No □ Yes	s. Fill in the details.		
26.	Have you		l or administrative proceeding under any	environmental law? Include settlements and
	✓ No ☐ Yes	s. Fill in the details.		
Р	art 11:	Give Details About Yo	ur Business or Connections to Ar	ny Business
27.	Within busine	-	nkruptcy, did you own a business or hav	ve any of the following connections to any
		A member of a limited liability A partner in a partnership An officer, director, or managi	oyed in a trade, profession, or other activity, company (LLC) or limited liability partnershing executive of a corporation evoting or equity securities of a corporation	nip (LLP)
	☐ No.	None of the above applies. G		
Eth	nio Truc	king	Describe the nature of the business Trucking	Employer Identification number Do not include Social Security number or ITIN.
Bus	iness Nam	e		EIN:
	nber Str	ce Bohls Lane eet	Name of accountant or bookkeeper	Dates business existed
				From 5/2005 To present
PfI City	ugervill	TX 78660 State ZIP Code		

Debt	or 1	Alemenh Habite Giorgis		Case number (if known) 19-10142	
		2 years before you filed for bank ncial institutions, creditors, or ot		ment to anyone about your business? Include	
	✓ No ☐ Yes	s. Fill in the details below.			
Pa	rt 12:	Sign Below			s, r)? arer's Notice,
prop or bo X <u>/s</u>	erty by oth. 18 s/ Alem	fraud in connection with a bank U.S.C. §§ 152, 1341, 1519, and 39 nenh Habite Giorgis	cruptcy case can result in fines up to 571.	\$250,000, or imprisonment for up to 20 years,	
		Habite Giorgis, Debtor 1 02/15/2019	Date		
Did y	you atta	nch additional pages to Your State	tement of Financial Affairs for Individ	ancial Affairs and any attachments, and I declare under penalty of perjury hat making a false statement, concealing property, or obtaining money or y case can result in fines up to \$250,000, or imprisonment for up to 20 years,   X  Signature of Debtor 2	
Did y	ou pay	or agree to pay someone who is	s not an attorney to help you fill out b	pankruptcy forms?	
<u> </u>		,			
□ \	res. Na	me of person			

Debtor 1  Alemenh Habite Giorgis First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS  Case number (if known)  19-10142  Official Form 122C-1  Chapter 13 Statement of Your Current Monthly Income	Fill in this	information to ider	ntify your case:			Check as	directed in lines 17 and 21:
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS  Case number (If known)		Alemenh	Habite			ū	the calculations required by this
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS    Case number		ing) First Name	Middle Name	Last Name			
Official Form 122C-1  Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).  Part 1:  Calculate Your Average Monthly Income  1. What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.  Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101f(0A). For example, if you are fling on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.  2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroil deductions).  All mony and maintenance payments. Do not include payments from a spouse.  \$0.00  All amounts from any source which are regularly paid for household expenses of your oyour dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and commants. Do not include payments from a spouse.  Debtor 1 Debtor 2  \$8,848.67  Gross receipts (before all \$8,848.67  deductions)  Ordinary and necessary operating \$7,489.00  here \$7,489.00		-	e: <u>WESTERN DIS</u>	TRICT OF TEXAS			
Official Form 122C-1  Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).  Part 1: Calculate Your Average Monthly Income  1. What is your marital and filling status? Check one only.    Not married. Fill out both Column A, lines 2-11.    Married. Fill out both Column A, lines 2-11.    Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. It U.S.C. § 101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. In the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write 50 in the space.  2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  3. Allmony and maintenance payments. Do not include payments from a spouse. \$0.00  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm    Debtor 1   Debtor 2   Sa,848.67   Debtor 2   Sa,848.67   Debtor 3   Sa,848.67   Debtor 4   Sa,848.67   Debtor 5   Sa,848.67   Debtor 6   Sa,848.67		19-10142				3. The con	nmitment period is 3 years.
Column A Debtor 1 Debtor 2 or non-filing spouse. Not include any income amount more that property in one column only. If you have nothing to report for any line, write \$0 on the top of payments. Do not include payments from a spouse. \$0.00  2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  All amounts from any source which are regularly paid for household, your dependents, parents. Do not include payments from a spouse. Do not include payments you pereive (Sa8,848.67)    Carross receipts (before all deductions).   Debtor 2   Sa8,848.67   Debtor 2   Sa8,848.67   Debtor 2   S7,489.00   Deter 3   S7,489.00   Deter 3   S7,489.00   Deter 3   S7,489.00   Deter 4   S7,489.00   Deter 5   S7,489.00   Deter 6   S7,4	(if known)					4. The con	nmitment period is 5 years.
Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).  Part 1: Calculate Your Average Monthly Income  1. What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.  Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.  Column A Debtor 1  Debtor 1  Debtor 2  All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roormates. Do not include payments from a spouse.  Do not include payments you listed on line 3.  Net income from operating a business, profession, or farm  Debtor 1  Debtor 2  \$8.848.67  deductions)  Ordinary and necessary operating — \$1,359.67 — Copy here \$7,489.00  Here \$7,489.00	Official Fo	rm 122C-1				☐ Check if the	nis is an amended filing
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).  Part 1: Calculate Your Average Monthly Income  1. What is your marital and filing status? Check one only.    Not married. Fill out Column A, lines 2-11.    Married. Fill out both Columns A and B, lines 2-11.    Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1	Chapter 1	3 Statement of			me		40
Part 1: Calculate Your Average Monthly Income  1. What is your marital and filing status? Check one only.    Not married. Fill out Column A, lines 2-11.   Married. Fill out both Columns A and B, lines 2-11.   Married. Fill out both Columns A and B, lines 2-11.   Married. Fill out both Columns A and B, lines 2-11.   Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6, in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1					nother to	de ene e ·············	12
Married. Fill out Column A, lines 2-11.    Married. Fill out both Columns A and B, lines 2-11.    Married. Fill out both Columns A and B, lines 2-11.    Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6, in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1	accurate. If m information ap	ore space is needed, at oplies. On the top of an	tach a separate sh y additional pages	eet to this form. Inclu , write your name and	ude the lin	e number to v	vhich the additional
Married. Fill out both Columns A and B, lines 2-11.  Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.  Column A Debtor 1 Debtor 2 or non-filling spouse  2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  3. Alimony and maintenance payments. Do not include payments from a spouse. \$0.00  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Debtor 1 Debtor 2  Gross receipts (before all \$8,848.67 Copy and necessary operating \$1,359.67 Copy and necessary operating \$1,359.67 Copy here \$7,489.00 Copy Copy Copy Copy Copy Copy Copy Copy	1. What is y	our marital and filing st	atus? Check one o	nly.			
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6, in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1	✓ Not i	married. Fill out Column	A, lines 2-11.				
bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 throug August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.    Column A Debtor 1 Debtor 2 or non-filing spouse	☐ Marr	ied. Fill out both Column	s A and B, lines 2-1	1.			
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).  3. Alimony and maintenance payments. Do not include payments from a spouse.  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Debtor 1 Debtor 2  Gross receipts (before all deductions)  Ordinary and necessary operating — \$1,359.67 — expenses  Net monthly income from a business, \$7,489.00   \$7,489.00	bankrupte August 31 in the resu	cy case. 11 U.S.C. § 10  If the amount of your mult. Do not include any in	1(10A). For example nonthly income varie come amount more	le, if you are filing on Sed during the 6 months, than once. For examp	September, add the in ole, if both	15, the 6-mont acome for all 6 spouses own t	h period would be March 1 through months and divide the total by 6. Fi he same rental property, put the
(before all payroll deductions).  3. Alimony and maintenance payments. Do not include payments from a spouse.  4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Debtor 1 Debtor 2  Gross receipts (before all deductions)  Ordinary and necessary operating — \$1,359.67 — expenses  Net monthly income from a business, \$7,489.00   here \$7,489.00							Debtor 2 or
<ul> <li>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.</li> <li>5. Net income from operating a business, profession, or farm  Debtor 1 Debtor 2  Gross receipts (before all deductions)  Ordinary and necessary operating - \$1,359.67 - expenses  Net monthly income from a business, \$7,489.00   \$7,489.00</li> </ul>	_		onuses, overtime,	and commissions	_	\$0.00	
expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.  5. Net income from operating a business, profession, or farm  Debtor 1 Debtor 2  Gross receipts (before all deductions)  Ordinary and necessary operating — \$1,359.67 — expenses  Net monthly income from a business, \$7,489.00 Copy here \$7,489.00	3. Alimony	and maintenance payme	ents. Do not include	e payments from a spo	ouse	\$0.00	
Debtor 1 Debtor 2  Gross receipts (before all deductions)  Ordinary and necessary operating − \$1,359.67 − expenses  Net monthly income from a business, \$7,489.00  Debtor 2  \$8,848.67  - Copy here → \$7,489.00	expenses regular co your depe	of you or your dependent intributions from an unmandents, parents, and room	ents, including chil urried partner, memb mmates. Do not inc	ld support. Include pers of your household,		\$0.00	
Gross receipts (before all deductions)  Ordinary and necessary operating — \$1,359.67 — expenses  Net monthly income from a business, \$7,489.00 Copy here \$7,489.00	5. Net incon	ne from operating a bus	iness, profession,	or farm			
deductions)  Ordinary and necessary operating — \$1,359.67 — expenses  Net monthly income from a business, \$7,489.00 Copy here \$7,489.00				Debtor 2			
expenses  Net monthly income from a business, \$7,489.00  Copy here \$7,489.00			<u>\$8,848.67</u>				
Net monthly income from a business, \$7,489.00 here \$7,489.00	Ordinary a	and necessary operating	\$1,359.67		ору		
prorosson, or raint See Continuation nargic for retails		-		he	ere → _	\$7,489.00	

Deb	otor 1	<u>A</u>	lemenh Habite Giorgis	Case number (if known) 19-10142		
15.	Calc	ulate	your current monthly income for the year.	Follow these steps:		
	15a.	Cop	by line 14 here 😝			\$7,489.00
		Mul	tiply line 15a by 12 (the number of months in a	a year).	X	12
	15b.	The	e result is your current monthly income for the y	year for this part of the form.	\$	89,868.00
16.	Calc	ulate	the median family income that applies to yo	<b>bu.</b> Follow these steps:		
	16a.	Fill	in the state in which you live.	Texas		
	16b.	Fill	in the number of people in your household.	4		
	16c.	To f		I size of householdts, go online using the link specified in the separate ailable at the bankruptcy clerk's office.	\$	81,958.00
17.	How	do tł	ne lines compare?			
	17a.		·	n the top of page 1 of this form, check box 1, <i>Disposable income is</i> Do NOT fill out Calculation of Your Disposable Income (Official For		
	17b.	☑	•	f page 1 of this form, check box 2, <i>Disposable income is determine</i> I out Calculation of Your Disposable Income (Official Form 1220 on the Income from line 14 above.		ler
	art 3:		Calculate Your Commitment Period	Under 11 U.S.C. § 1325(b)(4)		\$7,489.00
	<b>Ded</b> u	uct th	e marital adjustment if it applies. If you are	married, your spouse is not filing with you, and you contend § 1325(b)(4) allows you to deduct part of your spouse's		
	19a.	If th	e marital adjustment does not apply, fill in 0 or	n line 19a		\$0.00
	19b.	Sub	otract line 19a from line 18.			\$7,489.00
20.	Calc	ulate	your current monthly income for the year.	Follow these steps:		
	20a.	Cop	by line 19b			\$7,489.00
		Mul	tiply by 12 (the number of months in a year).		X	12
	20b.	The	e result is your current monthly income for the y	year for this part of the form.	_\$	89,868.00
	20c.	Cop	by the median family income for your state and	size of household from line 16c.	. \$	81,958.00
21.	How	do th	ne lines compare?			•
			20b is less than line 20c. Unless otherwise ord k box 3, <i>The commitment period is 3 years</i> . Go	dered by the court, on the top of page 1 of this form, o to Part 4.		
	ك		20b is more than or equal to line 20c. Unless of sform, check box 4, <i>The commitment period is</i>	otherwise ordered by the court, on the top of page 1 s 5 years. Go to Part 4.		

Deptor 1	Part 4: Sign Below  By signing here, under penalty of perjury I declare the   X /s/ Alemenh Habite Giorgis  Alemenh Habite Giorgis, Debtor 1	Case number (if known) 19-10142
Part 4:	Sign Below	
By sig	ning here, under penalty of perjury I declare that t	he information on this statement and in any attachments is true and correct.
χ <u>/s/</u>	Alemenh Habite Giorgis	X
Ale	emenh Habite Giorgis, Debtor 1	Signature of Debtor 2
Da	te <b>2/15/2019</b>	Date
	MM / DD / YYYY	MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

# 5. Net income from operating a business, profession, or farm (details):

Debtor 1 / Debtor 2	Description (if available)	Average Monthly Amount
Debtor 1	Ethio Trucking	·
Gross receipts (before all deductions	)	\$6,040.34
Ordinary and necessary operating ex	penses	\$283.00
Net monthly income from a business,	profession, or farm	\$5,757.34
Debtor 1	Suse Place (Live in Girlfriend income)	
Gross receipts (before all deductions		\$2,808.33
Ordinary and necessary operating ex	penses	\$1,076.67
Net monthly income from a business,	profession, or farm	\$1,731.66

Fill in this information to identify your case:					
Debtor 1	Alemenh First Name	Habite Middle Name	Giorgis Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	: WESTERN DISTR	RICT OF TEXAS		
Case number (if known)	19-10142				

☐ Check if this is an amended filing

## Official Form 122C-2

## **Chapter 13 Calculation of Your Disposable Income**

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,694.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$52.00 7b. Number of people who are under 65 Copy \$208.00 \$208.00 7c. Subtotal. Multiply line 7a by line 7b. here People who are 65 years of age or older \$114.00 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older Х Copy \$0.00 \$0.00 Subtotal. Multiply line 7d by line 7e. here Copy \$208.00 \$208.00 7g. Total. Add lines 7c and 7f..... here -

### **Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

**8. Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$676.00

- 9. Housing and utilities -- Mortgage or rent expenses:
  - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$1,749.00

Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment	
Freedom Mortgage Corporation	\$2,095.00	
<ul> <li>Total average monthly payment</li> </ul>	\$2,095.00 Copy	Repeat this amount on line 33a.
let mortgage or rent expense.		
Subtract line 9b (total average monthly pay rent expense). If this number is less than \$	,	\$0.00 Copy

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain	
why:	_

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.

9c.

- ☐ 1. Go to line 12.
- 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$392.00

\$0.00

**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

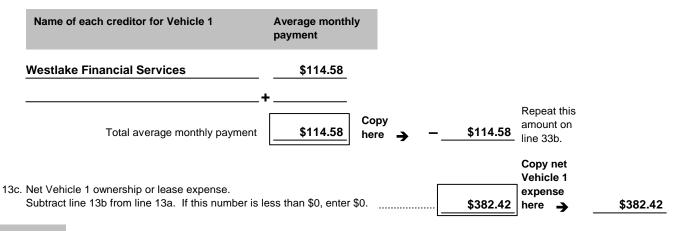
Vehicle 1

Describe Vehicle 1: 2008 Cadillac Escalade

- 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



Vehicle 2

Describe Vehicle 2: Hummer

- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles

Name of each creditor for Vehicle 2	Average monthly payment	y			
Titlemax of Texas Inc dba Titlemax	\$40.00				
Total average monthly payment	\$40.00	Copy here ->	 \$40.00	Repeat this amount on line 33c.	
Net Vehicle 2 ownershin or lease eynense				Copy net Vehicle 2	
Net Vehicle 2 ownership or lease expense. Subtract line 13e from 13d. If this number is less t	than \$0, enter \$0.		 \$457.00	expense here	

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

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15.	<b>Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.						
Oth	Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses following IRS categories.						
16.	Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.						
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.						
18.	<b>Life insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						
19.	<ul> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</li> </ul>						
20.	<ul> <li>Education: The total monthly amount that you pay for education that is either required:</li> <li>as a condition for your job, or</li> <li>for your physically or mentally challenged dependent child if no public education is available for similar services.</li> </ul>						
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.						
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.						
23.	3. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
24.	<ol> <li>Add all of the expenses allowed under the IRS expense allowances.</li> <li>Add lines 6 through 23.</li> </ol>						
Add		ditional deductions allowed by the Means Test.  Include any expense allowances listed in lines 6-24.					
25.	Health insurance, disability insurance, and hea	alth savings account expenses. The monthly expenses for health is accounts that are reasonably necessary for yourself, your					
	Health insurance	\$0.00					
	Disability insurance	\$0.00					
	Health savings account	+\$0.00					
	Total	\$0.00 Copy total here	\$0.00				
	Do you actually spend this total amount?						
	No. How much do you actually spend?  ✓ Yes						
26.	will continue to pay for the reasonable and neces member of your household or member of your im-	old or family members. The actual monthly expenses that you sary care and support of an elderly, chronically ill, or disabled mediate family who is unable to pay for such expenses. These at of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$0.00				

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27.	<b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.			
28.	<b>Additional home energy costs.</b> Your home energy costs are included in your insurance and operating expenses on line 8.			
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.			
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.			
29.	<b>Education expenses for dependent children who are younger than 18.</b> The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.		\$0.00	
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.			
	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.			
30.	<b>Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.			
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.			
	You must show that the additional amount claimed is reasonable and necessary.			
31.	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).	+	\$0.00	
	Do not include any amount more than 15% of your gross monthly income.			
32.	Add all of the additional expense deductions. Add lines 25 though 31.		\$0.00	

## **Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	the 60	months after you file	for bankrupto	cy. Then divide by 6	50.						
									erage monthly ment		
		Mortgages on your	home								
	33a.	Copy line 9b here						<b>→</b> .	\$2,095.00		
		Loans on your first	two vehicles	;							
	33b.	Copy line 13b here						<b>→</b> .	\$114.58		
	33c.	Copy line 13e here						<b>→</b> .	\$40.00		
	33d.	List other secured de	ebts:								
		of each creditor for secured debt		Identify property secures the debt		Does pa include insuran	taxes				
	_						No Yes				
						📙	No Yes				
							No				
						— 님	Yes	+.			
	33e.	Total average month	nly payment.	Add lines 33a throuç	gh 33d			[	\$2,249.58	Copy total here	\$2,249.58
		•	int that you m	port of your depen ust pay to a creditor called the cure amo	r, in additio		-			•	
Nar	ne of th	ne creditor	Identify pro secures the		Total cu	re			Monthly cure amount		
Fre	edom	Mortgage Corpora	803 Claren	nce Bohls Lane	\$36,00	00.00	÷ 60 =		\$600.00		
						÷	<del>:</del> 60 =	: .			
					<u> </u>	÷	<del>:</del> 60 =	+		_	
							Total		\$600.00	Copy total here	\$600.00
35.	alimo	ou owe any priority c nythat are past due S.C. § 507.									
	П 1	No. Go to line 36.									
	<u> </u>			of these priority clair nims, such as those							
		Total amount of	f all past-due ¡	priority claims					\$7,125.50	÷ 60 =	\$118.76

## Debtor 1 Alemenh Habite Giorgis Case number (if known) 19-10142 36. Projected monthly Chapter 13 plan payment \$3,679.58 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). 9.8 % To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total \$360.60 \$360.60 Average monthly administrative expense here 37. Add all of the deductions for debt payment. \$3,328.94 Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. \$3,809.42 Copy line 24, All of the expenses allowed under IRS expense allowances..... \$0.00 Copy line 32, All of the additional expense deductions..... \$3,328.94 Copy line 37, All of the deductions for debt payment..... Copy total Total deductions \$7,138.36 \$7,138.36 here Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 \$7,489.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support of dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans \$0.00 from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). \$7,138.36 Copy line 38 here..... 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy \$0.00 \$0.00 Total

Debto	r 1 Aleme	enh Hab	oite Giorgis	Case number (if k	nown) <b>19-10142</b>	2			
44.	Total adjustm	nents.	Add lines 40 through 43	≯ \$7,13	8.36 Copy	\$7,138.36			
45.	Calculate you	ur montl	hly disposable income under § 1325(b)(2). So	ubtract line 44 from line 39.		\$350.64			
Par	t 3: Chai	nge in	Income or Expenses						
	Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.								
	Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change			
	☐ 122C-1 ☐ 122C-2				☐ Increase	·			
	122C-1 122C-2				Increase Decrease				
	122C-1 122C-2				Increase Decrease				
	122C-1 122C-2				Increase Decrease	· · · · · · · · · · · · · · · · · · ·			
Par	t 4: Sign	n Belov	v						
	By signing her	re, unde	r penalty of perjury you declare that the informat	ion on this statement and in ar	ny attachments is	true and correct.			
	X /s/ Aleme		<b>Dite Giorgis</b> iorgis, Debtor 1	X Signature of Debtor 2					
	Date <u>2/1</u>	<b>5/2019</b> / DD / Y	YYY	Date MM / DD / YYYY					